

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

October 26, 2006

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Supersaver, 2525 Pine Lake. Supersaver holder of liquor license D-45312 requests this liquor license be upgraded to a class C liquor license.

Supersaver also requests that Nicholas Kelso be approved as the manager of this liquor license.

Nicholas Kelso was born in Omaha, Nebraska. He attended Omaha North High School graduating in 1999.

Nicholas Kelso employment history is as follows:

2000- Present	Store Director, Supersaver	Omaha/Lincoln, NE.
1997 – 2000	Kitchen Manager, Rio's Sports Bar	Omaha, NE.

If this application is approved the Lincoln Police Department requests the following conditions be added to the liquor license:

The on premise consumption of alcohol shall be limited to samplings of 2 ounces or less of any alcoholic beverage.

This application must conform to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) SUPER SAVER

☒ Manager Owner Other _____

Name: NICK KELSO

US Citizen ? ☒ Yes No

Has applicant ever been cited for liquor law violations ? ☒ No Yes
Explain _____

Does applicant have an interest in another liquor license ? ☒ No Yes
Explain _____

Is spouse qualified to hold a license ? ☒ Yes No N/A

How is applicant if not an owner to be paid ? ☒ Salary Hourly

How many hours will applicant be at the establishment ? 55+

Any other employment ? ☒ No Yes, explain _____

Any previous experience with a liquor license? Yes ☒ No

Any criminal convictions ? ☒ No Yes
Comments _____

Is applicant a property owner in Lincoln ? ☒ Yes No

Is applicant involved in any civil litigation ? ☒ No Yes
Comments _____

(~~4~~) Photo (~~)~~ Records Check (~~)~~ References

Comments _____

Interview Date 10/26/06



FILED

11-13-06

STATE OF NEBRASKA

Dave Heineman
Governor

OCT 17 2006

NEBRASKA LIQUOR CONTROL COMMISSION

Robert B. Rupe
Executive Director

301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7352 (TTY)
web address: <http://www.lcc.ne.gov/>

CITY CLERK'S OFFICE
LINCOLN, NEBRASKA

October 16, 2006

City Clerk of Lincoln
City/County Building
555 S 10 Street
Lincoln, NE 68508

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) Publicize one time not less than 7 days not more than 14 days prior to date of hearing.
- 2) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body,
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

ALC-114209

PLEASE NOTE A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS, AND A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

Jackie B. Matulka

NEBRASKA LIQUOR CONTROL COMMISSION
Jackie B. Matulka
Licensing Division

(21)

Enclosures
Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

INTERVIEW

10:30 10-26-06

An Equal Opportunity/Affirmative Action Employer
Printed with soy ink on recycled paper

CLASS C
WITH SNMP
only

FORM 35-4001
REV. 12/99

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OCT 08 2006

LICENSE APPLICATION CHECKLIST

Applicant Name Bar Stores, Inc Telephone # 315-0113

Trade Name Super Saver #17 Previous Trade Name _____

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. Your operation depends on receiving a liquor license the Nebraska Liquor Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. All applications & attachments must be submitted in triplicate. You may want to check with the city/village or county clerk, where you are making application, to see if any additional local requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

EACH ITEM MUST BE CHECKED OFF AND INCLUDED OR MARKED N/A FOR NOT APPLICABLE

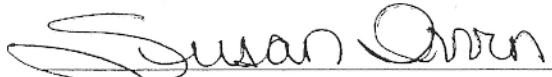
- ☒ 1. Fingerprint cards for each person (two cards per person) must be enclosed with a separate check payable to the Nebraska State Patrol for processing in the amount of \$38.00 for each person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strongly suggest you go to a Nebraska State Patrol Agency or law enforcement agency listed in the fingerprint brochure.
- ☒ 2. Enclose registration and license fees for the appropriate class of license, made out to the Nebraska Liquor Control Commission.
- ☐ 3. Enclose the appropriate additional application forms; Individual License - Form 1; Partnership License - Form 2; Corporate LLC License - Form 3a and Manager application - Form 3b(with corporate application only). LLC application must include all members.
- ☒ 4. If building is being leased send a copy of the lease. Be sure it is in the individual(s) or corporate name being applied for. Also, the lease must extend through the license year being applied for. If building is owned, send a copy of the deed or purchase agreement in the appropriate name.
- ☐ 5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in applicant's name.
- ☐ 6. Enclose a copy of the temporary agency agreement, if applicable. Must be on Commission form only. Include a copy of the signature card from the bank showing both the sellers and buyers name(s) on account.
- ☐ 7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.
- ☐ 8. Enclose a list of any inventory or property owned by other parties that are on the premise.
- ☐ 9. For individual and partnership applications enclose proof of citizenship birth certificates, or naturalization documents for all persons listed on application. Documents must be a certificate from the State, where born, not hospital certificate.

Bus CK
003412
45-mm

☒ 10. If a corporation enclose a copy of the articles of incorporation. This document must show receipt (barcode) by the Secretary of States Office.

Mail checklist, all applications and attachments to: Nebraska Liquor Control Commission, 301 Centennial Mall South,
PO Box 95046, Lincoln NE 68509-5046

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.


Signature

APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR
CONTROL COMMISSION

OFFICE USE ONLY

upgrading

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | Beer, On Sale Only | \$45.00 |
| <input type="checkbox"/> | B | Beer, Off Sale Only | \$45.00 |
| <input checked="" type="checkbox"/> | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input type="checkbox"/> | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input type="checkbox"/> | I | Beer, Wine & Distilled Spirits, On Sale Only | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

MISCELLANEOUS

- | | | | Bond |
|--------------------------|---|--|----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 1,000 min. |
| <input type="checkbox"/> | O | Boat | \$ 95.00 N/A |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits
(additional fee of \$100 to \$1,000-call for exact amount) | \$ 45.00 10,000 min. |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 5,000 min. |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 5,000 min. |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 1,000 min. |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Individual License, requires insert form 1 |
| <input type="checkbox"/> | Partnership License, requires insert form 2 |
| <input checked="" type="checkbox"/> | Corporate License, requires insert form 3a and manager application 3b |

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: SUSAN IRVIN

Phone: (402) 325-4935

Firm Name: B&R STORES, INC.

Firm address: 4554 "W" STREET LINCOLN NE 68503

PREMISE INFORMATIONTrade Name (doing business as) SUPER SAVER #17Street Address #1 2525 PINE LAKE ROAD

Street Address #2 _____

City LINCOLN County LANCASTER #2Zip Code 68512Telephone number at premise to be licensed (402) 420-2000Is this location inside the city/village corporate limits: ☒ YES ☐ NO

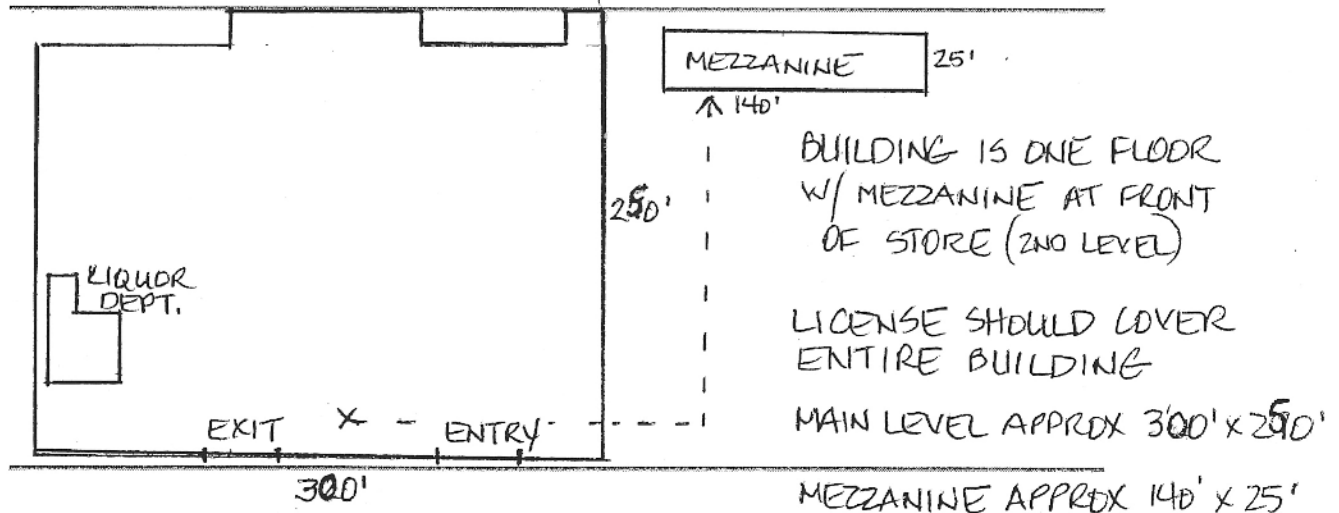
Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: BAR STORES, INC.Street Address #1 4554 "W" ST.

Street Address #2 _____

City LINCOLN County LANCASTERZip Code 68503**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.



APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- ☐ Yes If yes, please explain below or attach a separate page.
☒ No

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CONTROL COMMISSION

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- ☐ Yes
Current business name and license number _____
☒ No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- ☐ Yes
☒ No *upgrading 45312*

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- ☐ Yes
☒ No

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

☐

Yes

☒

No

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

☐

Yes

☒

No

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)

☐

Yes

☒

No

8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.

☐

Yes

☒

No

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

☐

Yes

☒

No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

Wells Fargo Bank Nebraska N.A. 1248"O" Street Lincoln NE 68508

Signatures on the Account: Kipp Utemark and Pat Raybould

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.

PLEASE SEE ATTACHED LIST --- EXHIBIT "D"

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NEBRASKA LIQUOR
CONTROL COMMISSION

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

40 hours a week

Nick Kelso

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

Store Director since February 2005. From February 2005 to May 2006 Store Director Super Saver at 5018 Ames Ave. in Omaha Nebraska.

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.



Lease: expiration date Oct 13, 2019



Deed



Purchase Agreement

15. When do you intend to open for business? now open

16. What will be the main nature of business? What are the anticipated hours of operation?

Grocery store open 24 hours except Christmas Day

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
SEE ATTACHED LIST			
EXHIBIT "C"			

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

<u>Russell W. Raybould</u> (sign here)	<u>[Signature]</u> (sign here)
<u>Arita C. Raybould</u> (sign here)	 (sign here)
<u>Joe M. Raybould</u> (sign here)	 (sign here)
<u>Joe H. Raybould</u> (sign here)	 (sign here)
<u>[Signature]</u> (sign here)	 (sign here)

Subscribed in my presence and sworn to before me this

6 day of June, 2006

Marcene E. Gardner
Notary Public Signature & Seal



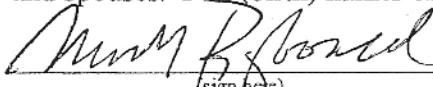
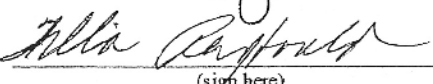
In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010
REV. 4/05

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

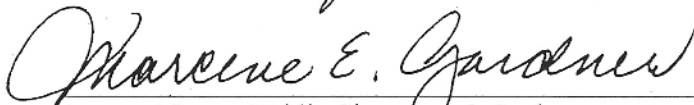
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

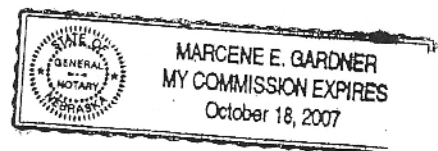
 (sign here)	_____	(sign here)
 (sign here)	_____	(sign here)
_____	_____	(sign here)
_____	_____	(sign here)
_____	_____	(sign here)

Subscribed in my presence and sworn to before me this

10 day of June, 2006



Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010
REV. 4/05

APPLICATION FOR LIQUOR LICENSE
CORPORATION MANAGER - FORM 3b
MUST BE A NEBRASKA RESIDENT

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: <http://www.lcc.ne.gov/>

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NEBRASKA LIQUOR
CONTROL COMMISSION

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION B&R STORES, INC.

CLASS & LICENSE NUMBER _____

TRADE NAME SUPER SAVER #17

STREET ADDRESS 2525 PINE LAKE ROAD

CITY LINCOLN

SIGNATURE OF CORPORATION PRESIDENT/CEO

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME NICK KELSO (NICHOLAS)

ADDRESS 12223 W 4th St.

CITY OMAHA

STATE NE

ZIP CODE 68137

HOME PHONE NUMBER 402 451-6814

BUSINESS PHONE NUMBER 402 420-2000

SEX ☒ MALE ☐ FEMALE

SOCIAL SECURITY NUMBER 607-11-676

DATE OF BIRTH 1-30-80

PLACE OF BIRTH OMAHA

DRIVERS LICENSE NUMBER & STATE 12 50675

NE

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME MICHELE KELSO

SOCIAL SECURITY NUMBER 607-08-611

DATE OF BIRTH OMAHA

DRIVERS LICENSE NUMBER & STATE 12 50675

NE

spousal

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NEBRASKA LIQUOR
CONTROL COMMISSION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

☐ YES ☒ NO

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

☐ YES ☒ NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?
Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

5. Have you filed fingerprint cards and PROPER FEES (if check, make out to the NE State Patrol), with this application?

☒ YES ☐ NO

prints inclosed

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM TO	SPOUSE: CITY & STATE	YEAR FROM TO
12223 Weir St. Omaha NE	2000 2006	12223 Weir St. Omaha NE	2000 2006
2426 Mary St. Omaha NE	1998 2000	2426 Mary St.	1998 2000

EMPLOYERS - LIST LAST TWO EMPLOYERS

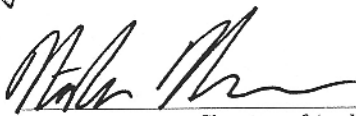
MONTH/YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
7-00 Present	SUPER SAVER	Tom Schulte	464-6297
2-98 5-00	Rio's Sports Bar	Beth EHLERS	402-571-2310

**PERSONAL OATH AND CONSENT OF INVESTIGATION
MUST BE SIGNED BY APPLICANT & SPOUSE**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

✓


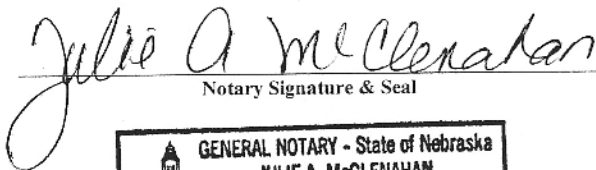
Signature of Applicant

✓

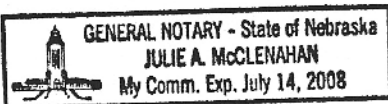

Signature of Spouse

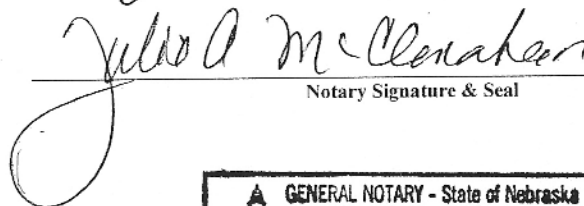
Subscribed in my presence and sworn to before me this 14th
day of August 2006

Subscribed in my presence and sworn to before me this 14th
day of August 2006

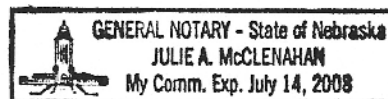


Notary Signature & Seal





Notary Signature & Seal



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037 00 2006

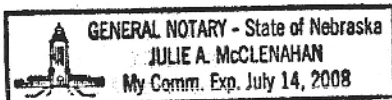
NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

NEBRASKA LIQUOR
CONTROL COMMISSION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

✓ Michele A. Kelso
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 14th day
of August 2006.

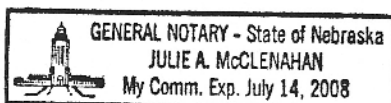


Julie A. McClenahan
Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

✓ [Signature] Nicholas Kelso
Signature of licensee/applicant Print name of licensee/applicant

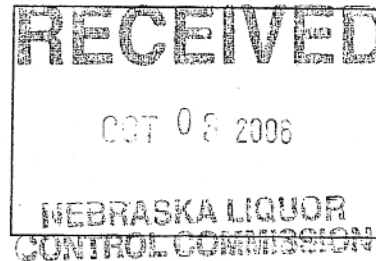
SUBSCRIBED in my presence and sworn to before me this 14th day
of August 2006.



Julie A. McClenahan
Signature of Notary Public

**APPLICATION FOR LIQUOR LICENSE
CORPORATION/LLC INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: <http://www.lcc.ne.gov/>



Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

B&R STORES, INC.

Corporate Street Address: 4554 "W" STREET

City: LINCOLN State: NE Zip Code: 68503

Corporate Telephone Number 402-464-6297

Total number of shares issued (if corporation) 33155

Is this a Non Profit Corporation? ☐ YES ☒ NO

If yes, what is your Federal ID #? 47-0531640

Name of Registered Agent PATRICK RAYBOULD

Name of Proposed Manager NICK KELSO

This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: RAYBOULD First Name: PATRICK MI

Address Street 9501 EASTVIEW City LINCOLN

State NE Zip Code 68505 Home Phone number 402-483-9993

Social Security Number [REDACTED] Date of Birth [REDACTED]

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List names of all Officers, Directors, Stockholders, Members and their Spouses

NEBRASKA LIQUOR
CONTROL COMMISSION

Last Name RAYBOULD First Name PATRICK

Social Security Number [REDACTED] Date of Birth [REDACTED]

Title PRESIDENT Number of Shares 4445

Spouse Name (indicate N/A if single) JANET CHUNG

Spouse Social Security Number [REDACTED] Date of Birth [REDACTED]

Title N/A Number of Shares NONE

Last Name RAYBOULD First Name RUSSELL

Social Security Number [REDACTED] Date of Birth [REDACTED]

Title CHAIRMAN B.O.D. Number of Shares 7799

Spouse Name (indicate N/A if single) ANITA RAYBOULD

Spouse Social Security Number [REDACTED] Date of Birth [REDACTED]

Title SECRETARY/TREASURER Number of Shares 1522

Last Name RAYBOULD First Name MICHAEL

Social Security Number [REDACTED] Date of Birth [REDACTED]

Title VICE PRESIDENT Number of Shares 4610

Spouse Name (indicate N/A if single) WILLA RAYBOULD

Spouse Social Security Number [REDACTED] Date of Birth [REDACTED]

Title N/A Number of Shares NONE

Last Name RAYBOULD First Name JANE

Social Security Number [REDACTED] Date of Birth [REDACTED]

Title VICE PRESIDENT Number of Shares 2909

Spouse Name (indicate N/A if single) JOSE HERRERO

Spouse Social Security Number [REDACTED] Date of Birth [REDACTED]

Title N/A Number of Shares NONE

Last Name B&R STORES, INC. PROFIT SHARING First Name

Social Security Number Date of Birth

Title Number of Shares 11870

Spouse Name (indicate N/A if single)

Spouse Social Security Number Date of Birth

Title Number of Shares

Last Name First Name

Social Security Number Date of Birth

Title Number of Shares

Spouse Name (indicate N/A if single)

Spouse Social Security Number Date of Birth

Title Number of Shares

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Is this Corporation or Limited Liability Company controlled by another Corporation ☐ Yes ☒ No

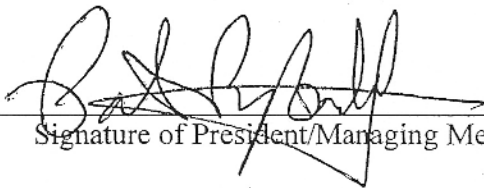
NEBRASKA LIQUOR
CONTROL COMMISSION

If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS

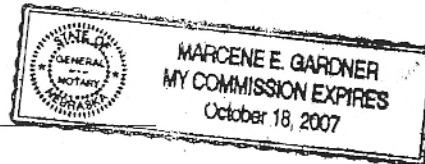
Starting Date 01/01/2006

Ending Date 12/31/2006



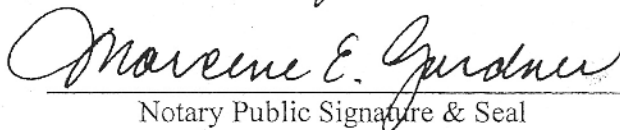
Signature of President/Managing Member

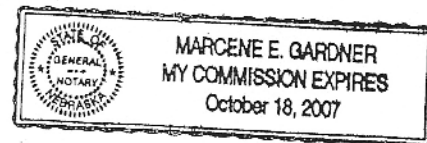

Notary Public Signature & Seal



Subscribed in my presence and sworn to before me this

6 day of June, 2006


Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

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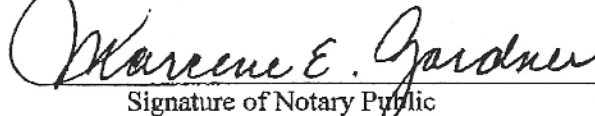
AUG 16 2006

**NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION****NEBRASKA LIQUOR
CONTROL COMMISSION**

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

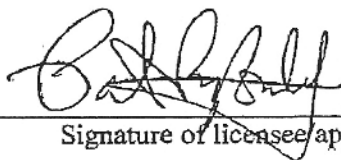


Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 6 dayof June, 2006.

Signature of Notary Public

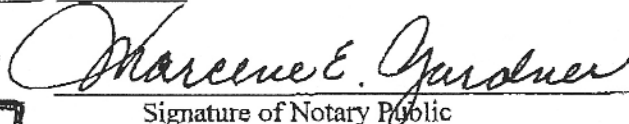
The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.



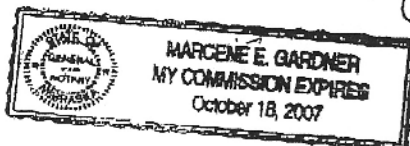
Signature of licensee applicant

PAT RAYBOULD

Print name of licensee/applicant

SUBSCRIBED in my presence and sworn to before me this 6 dayof June, 2006.

Signature of Notary Public

FORM 35-4178
REV 2/01

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